Revision: HCFA-PM- 91-10 DECEMBER 1991

State/Territory:

(MB)

MINNESOTA

OFFICIAL

Citation 42 CFR 431.60 42 CFR 456.2 50 FR 15312 1902(a)(30)(C) and 1902(d) of the Act, P.L. 99-509

(Section 9431)

4.14 Utilization/Quality Control

(a) A Statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. The requirements of 42 CFR Part 456 are met:

X Directly

- By undertaking medical and utilization review requirements through a contract with a Utilization and Quality Control Peer Review Organization (PRO) designated under 42 CFR Part 462. The contract with the PRO--
 - (1) Meets the requirements of \$434.6(a);
 - (2) Includes a monitoring and evaluation plan to ensure satisfactory performance;
 - (3) Identifies the services and providers subject to PRO review;
 - (4) Ensures that PRO review activities are not inconsistent with the PRO review of Medicare services; and
 - (5) Includes a description of the extent to which PRO determinations are considered conclusive for payment purposes.
- Quality review requirements described in section 1902(a)(30)(C) of the Act relating to services furnished by HMOs under contract are undertaken through contract with the PRO designed under 42 CFR Part 462.
- By undertaking quality review of services furnished under each contract with an HMO through a private accreditation body.
- X An entity that meets the requirements of the Act, as determined by the Secretary.

and 1902(d) of the Act, P.L. 99-509 (section 9431)

1902(a)(30)(C)

HCFA ID: 0048P/0002P

Revision:	HCPA-PM-	85-3	(BERC)	
JULY 1985	State:	MINNE	SOTA	
				OMB NO. 0938-0193
<u>Citation</u> 42 CFR 456 50 FR 1531	. 2	4.14	of con	Medicaid agency meets the requirements 42 CFR Part 456, Subpart C, for trol of the utilization of inpatient pital services.
				Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.
			<i>_</i>	Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart C for:
				// All hospitals (other than mental hospitals).
				// Those specified in the waiver.
			<u>/X/</u>	No waivers have been granted.
				HCFA-179 # 85-48 Date Rec'd 9 127 180
				Supercedes Date Appr Date Eff
TN No.		Appr	oval Dat	te Effective Date

TN No. ____

Revision:	HCFA-PM-85	5-3 (BE	RC)	
JULY 1985		MINNESO	•	
	State:	1121111230		OMB NO. 0938-0193
Citation 42 CFR 456. 50 FR 15312	2	.14 (c)	The Medicaid agency m of 42 CFR Part 456, So of utilization of inpo- hospitals.	
			Control Peer Revi under 42 CFR Part	edical review are ilization and Quality ew Organization designated 462 that has a contract o perform those reviews.
			that specifies th	w is performed in 2 CFR Part 456, Subpart H, e conditions of a waiver ts of Subpart D for:
			// All mental ho	spitals.
			// Those specifi	ed in the waiver.
			/X To waivers have b	een granted.
TN No Supersedes	-	Approva	1 Date	Effective Date
TH No	-			HCFA ID: 0048P/0002
			HCFA-179 # 85-	48 Date Rec'd 9/27/87
				Date Rec d
			State Rep. In.	

Revision:	HCFA-PM-85	5-3 (BE	RC)
JULY 1985	State:	MINNESO	ГА
			OMB NO. 0938-0193
Citation 42 CFR 456 50 FR 1531	. 2	.14 (d)	The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart E, for the control of utilization of skilled nursing facility services.
			// Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.
			// Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart E for:
			// All skilled nursing facilities.
			// Those specified in the waiver.
			/X/ No waivers have been granted.
			_
TN No.			
Supersedes TN No.		Approval	Date Effective Date
	_		HCFA ID: 0048P/0002P
			HCFA-179 # 85-18 Date Rec'd 9 127 185 Supercedes Date Appr. 10 18 85
			Date Appr. 10 11313

State Rep. In. _____ Date Eff. _______

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Revision: 1	HC FA-PM-8 5-3	(BERC)		A Commence of the Commence of	
JULY 1985 Citation 42 CFR 456.2 50 FR 15312	State:	MINNESOTA			
	4.14	/X/(e) The He of 42 of the facili facili /X/ Fa /// Pe	OMB NO. 0938-0193 Sedicaid agency meets the requirements CCFR Part 456, Subpart F, for control ne utilization of intermediate care lity services. Utilization review in lities is provided through: Pacility-based review. Direct review by personnel of the medical assistance unit of the State agency. Personnel under contract to the medical assistance unit of the State agency. Utilization and Quality Control Peer Review		
		4. // Tw AT ci us // Not ap	14-A. o or more of the TACHMENT 4.14-E roumstances under the delicable. Interpretation of the temperature o	described in ATTACHMENT ne above methods. I describes the ler which each method is ermediate care facility vided under this plan.	
TN No.					
TN No Supersedes TN No		Approval Date		HCFA ID: 0048P/0002	
			Supercedes	Date Rec'd 9 27/35 Date Appr. 10 18/87 Date Eff. 7 11/87	

Revision: HCFA-PM-91-10 (MB)
DECEMBER 1991

OFFICIAL

State/Territory:

MINNESOTA

Citation

4.14 <u>Utilization/Quality Control</u> (Continued)

1902(a)(30) and 1902(d) of the Act, P.L. 99-509 (Section 9431) P.L. 99-203 (section 4113) (f) The Medicaid agency meets the requirements of section 1902(a)(30) of section 1902(a)(30) of the Act for control of the assurance of quality furnished by each health maintenance organization under contract with the Medicaid

agency. Independent, external quality reviews are performed annually by:

A Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

A private accreditation body.

X An entity that meets the requirements of the Act, as determined by the Secretary.

The Medicaid agency certifies that the entity in the preceding subcategory under 4.14(f) is not an agency of the State.

TN No. 92-Supersedes TN No. 87-23

Approval Date 4-3-92 Effective Date 1-1-92